

'Varnish the business for the ladies': Edward Gibbon's decline and fall

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J R Soc Med 1999;92:374-379

Edward Gibbon (1737-1794) aroused strong feelings. Samuel Taylor Coleridge¹ said '[his] style is detestable, but his style is not the worst thing about him'. But his works, the multivolume *Decline and Fall of the Roman Empire*² and the *Autobiography*³ published in the year after his death by his friend and literary executor J B Holroyd (Lord Sheffield), have not been out of print for over 200 years and are fun to read, especially the shorter *Autobiography*, which was expanded by Lord Sheffield with extracts from Gibbon's letters and his own observations. It is rich in data about Gibbon's health and death; and there have been comprehensive later publications of Gibbon's diaries and letters⁴⁻⁶.

Gibbon has attracted many excellent biographers (including Leslie Stephen⁷, J B Bury³, D M Low⁸, G M Young⁹, J W Burrow¹⁰) but only the biologist Sir Gavin de Beer^{11,12} has discussed Gibbon's longstanding, and ultimately fatal, affliction. Sir Geoffrey Keynes¹³ work on Gibbon was confined to his library, and Roy Porter's¹⁴ to literary and historical criticism.

Recent transatlantic students^{15,16} have indulged, like de Beer, in 'psycho-biography', but Gibbon himself had written stylishly and explicitly about his feelings and inclinations, as he had done about his 'organic' symptoms^{3,4}.

Gibbon was the first born of a wealthy City of London family:

I was succeeded by five brothers and one sister, all of whom were snatched away in their infancy . . . So feeble was my constitution, so precarious my life, that, in the baptism of my brothers my father's prudence successively repeated my Christian name of Edward, that, in the case of the departure of the eldest son, this patronymic appellation might be still perpetuated in the family.'

The death of his mother from the effects of her last pregnancy, when he was aged ten, produced a severe depression in his father, and he was then looked after by his maternal maiden aunt Catherine Porten who had previously nursed him in his many childish illnesses, when his mother had still been alive but too busy in social climbing.

The bankruptcy of his maternal grandfather James Porten made his aunt Catherine take on the job of keeping a boarding house for Westminster School, where he moved in his twelfth year.

'In the space of two years, interrupted by danger and debility, I painfully climbed into the third form . . . Instead of audaciously mingling into the sports . . . I was still cherished at home under the maternal wing of my aunt; and my removal from Westminster long preceded the approach of manhood.'

THE SYMPTOMS OF GIBBON'S TEENS

Gibbon was sent from Westminster to Bath, then to a doctor's house at Winchester, and then back to Bath.

'A strange nervous affection, which alternately contracted my legs, and produced, without any visible symptoms, the most excruciating pain, was ineffectually opposed by the various methods of bathing and pumping . . . It might be apprehended that I should continue for life an illiterate cripple; but as I approached my sixteenth year nature displayed in my favour her mysterious energies; my constitution was fortified and fixed; and my disorders . . . most wonderfully vanished. I have never possessed or abused the insolence of health: but since that time few persons have been more exempt from real or imaginary ills . . .'

His letters and diaries do, however, record later frequent severe headaches, and attacks of gout.

His account of the symptoms of the disability of his early teens is precise and challenging. Disabling leg spasms, alternating with severe pain, suggest rheumatic fever, with its complications of arthritis and Sydenham's chorea, but arthritis as a cause of pain should have been manifest, and chorea itself is not painful. Gibbon himself raises the option of a psychosomatic component: 'Instead of repining at my long and frequent confinement to my chamber or the couch, I secretly rejoiced in those infirmities, which delivered me from the exercises of the school and the society of my equals.'³

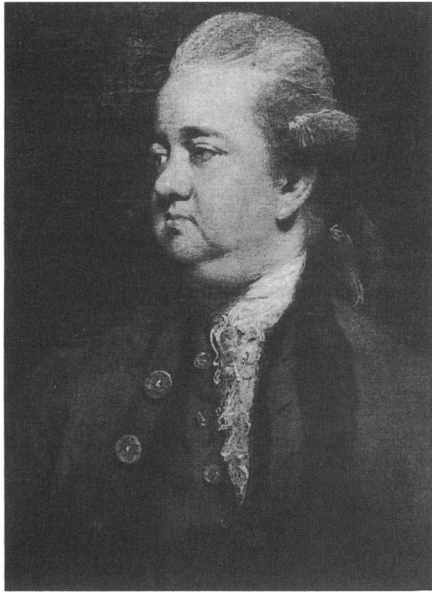


Figure 1 **Edward Gibbon in 1779.** Detail from portrait by Sir Joshua Reynolds (Property of Lord Rosebery, at Dalmeny House) (de Beer G. *Gibbon and his World*. London: Thames & Hudson, 1968; reproduced by permission)

GIBBON AS AN ADULT

After two useless years at Oxford, and the espousal of Catholicism, Gibbon's father sent him to a protestant divine at Lausanne, M Daniel Pavillard, for reconversion and further education (1754–1758). A sketch by Patch, *circa* 1764, shows a decidedly corpulent man in his twenties, and later portraits demonstrate increasingly severe obesity (Figure 1).

While relishing the company of women if intelligent (Figure 2), Gibbon seems to have confined this to platonic relationships. The most lasting was with Suzanne Curchod, the daughter of a modest Swiss cleric, at the end of his first Lausanne period. They, and especially she, regarded themselves as engaged for a few years. After returning to England Gibbon opted out, blaming his father. After Suzanne had married the Swiss banker and future minister of Louis XVI, Jacques Necker, they resumed their friendship, which lasted till they died. G M Young⁹ summed up the betrothal: 'Suzanne was a born wife but unluckily for her Gibbon was a born bachelor'. Or, to quote Gibbon in another context⁴: 'A matrimonial alliance has ever been the object of my terror rather than my wishes. I was not very strongly pressed by my family or my passions to propagate the name and race of Gibbons.'

He specifically stated that he was too shy to join his Oxford undergraduate friends in their visits to the 'bagnios' of Covent Garden, but probably joined his fellow officers in the militia in such enterprises when in his twenties. A reference to *lues venerea* in correspondence at the time of his death¹² probably relates to that time.

But he must have been good with children: at the age of eleven Germaine Necker (later Madame de Staël) wanted to marry him; as did Maria Josepha Holroyd, the daughter of Lord and Lady Sheffield, at a similar age—later to become Lady Stanley of Alderney.

ONSET OF THE SCROTAL SWELLING (1761)

Gibbon served as a captain in the newly formed Hampshire regiment of the militia from 1760 to 1762, marching up and down the south coast of England, under the command of the Duke of York, to repel any invasion by the French in the course of the Seven Years War. In 1761, aged 24, he first noted the swelling which led to his death in 1794. He eventually told Lord Sheffield³ that he then (in 1761)

'consulted a surgeon, Mr [later Sir Caesar] Hawkins who could not decide whether it was the beginning of a rupture or a hydrocele; but he desired to see Mr Gibbon again, when he came to town. Mr Gibbon never returned to Mr Hawkins... he never mentioned it to any person, however incredible it may appear, from 1761 to November 1793...'

Lord Sheffield, writing in 1794 after Gibbon's death, states: 'Those who have seen him for the last eight or ten years, must be surprised to hear that he could doubt that his disorder was apparent.' Other observers found that the swelling had become visible by the mid-1770s when Gibbon was a Member of Parliament (1774–1780, 1780–1781) and a supporter, and beneficiary, of Lord North in the American War of Independence: '[I] supported with many a sincere and silent vote the rights though not perhaps the interests of the mother country.' It was also the period of his



Figure 2 **Edward Gibbon with his friend Mme de Silva.** Sketched in 1791 by William Wallace (de Beer G. *Gibbon and his World*. London: Thames & Hudson, 1968; reproduced by permission)

composition and publication of the first volumes of the *Decline and Fall*.

There is contradiction in his attitude to his appearance: as a young man he was foppish, and spent much on expensive clothes from Paris, and liked living in style, both in London as MP, and later in Lausanne. His portrait was painted by fashionable artists (Figure 1), and his friend Charles James Fox, who visited him in Lausanne, said of him:

‘...talked a great deal...every now and then, too, casting a look of complacency on his own portrait by Sir Joshua Reynolds, which hung over the chimney-piece—that wonderful portrait, in which, while the oddness and vulgarity of the features are refined away, the likeness is perfectly preserved.’

In his letters to Lord Sheffield about his very real illnesses he seems to have anticipated the attitude of Dr Coué; but his denial of illness saved him from the hazards of eighteenth century surgery for over thirty years.

However, by the end of his life, when the swelling had impaired walking and even sitting, and had caused incontinence, it must have strained social relationships. Lady Holland, who was a fellow guest at Sheffield Park a month before his death, noted in her journal¹²:

‘...he was a monster, and so filthy withal that one could not endure being close to him. He was buttoned up in the morning, and never opened until he was undressed at night; thus every besoin of nature was performed in his cloaths.’

THE ILLNESS OF 1790

Gibbon’s autobiographical writings end with the completion of the *Decline and Fall* in 1787, and Lord Sheffield continued the story from his letters. While living in state at Lausanne Gibbon suffered a major illness in early 1790 which was called erysipelas, almost certainly wrongly. After keeping quiet about it for four months Gibbon wrote in May 1790:

‘...about the grosser evils of bodily pain. On the ninth of February I was seized by such a fit of the gout as I had never known, though I must be grateful that its dire effects have been confined to the feet and knees, without ascending to the more noble parts...I have groaned between two and three months; the debility has survived the pain, and though now easy, I am carried out in my chair, without any power, and with a very distant chance of supporting myself, from the extreme weakness and contractions of the joints of the knees...’

By August 1790 he wrote that after having been house-bound for five months he was improving

‘...and I have now arrived to my present condition of strength, or rather of feebleness: I now can walk with tolerable ease in my garden and smooth places; but on the rough pavement of the town I use, and perhaps shall use, a sedan chair.’

In April 1791 he reported ‘...First of my health: it is now tolerably restored, my legs are still weak, but the animal in general is in a sound and lively condition...’. Lord Sheffield and family spent the summer of 1791 with Gibbon at Lausanne: ‘...he enjoyed his usual cheerfulness and good health...erysipelas...settled in one of his legs, and left something of a dropsical tendency; for at this time I first perceived a considerable degree of swelling about the ankle.’

Sir Walter Farquhar (Figure 3), in his postmortem report of 1794¹⁷, summarized the effects of the 1790 illness, presumably as told him by Gibbon:

‘...a violent erysipelas about three years ago which left a swelling in his legs, wasted one of them, and left a great inability to walk from a sort of tenderness as he expressed in his feet.’

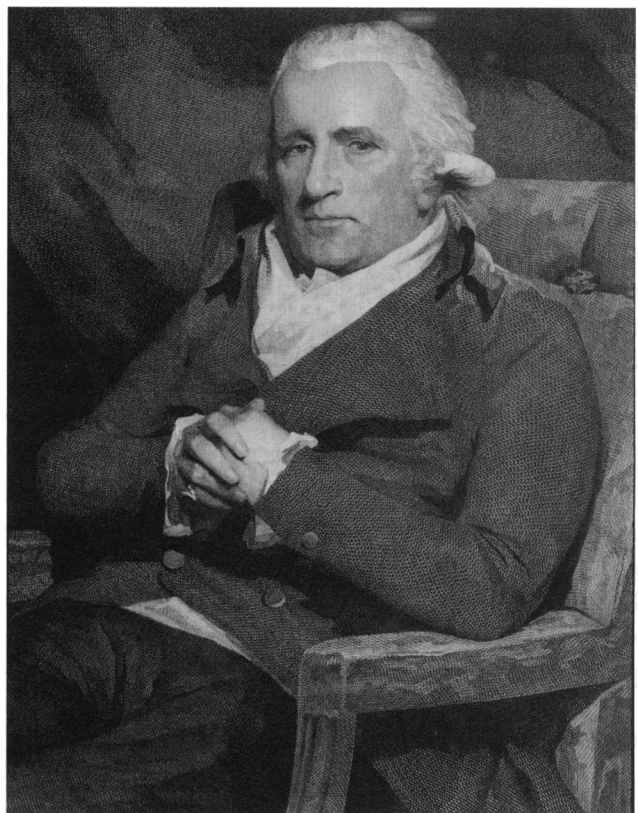


Figure 3 Sir Walter Farquhar. Engraving at Royal College of Physicians, Edinburgh, from portrait by Sir Henry Raeburn

This illness of 1790, with severe pain at the onset, and leg paralysis and contractures, and eventual wasting of one leg, could not have been gout or erysipelas, which have no such effects; it reads like an attack of remitting polyneuritis (Guillain-Barré syndrome), complicated perhaps by a leg vein thrombosis.

THE TERMINAL ILLNESS 1793-1794

In May 1793 Gibbon was well enough to undertake the strenuous journey from Lausanne to England, circumventing the French revolutionary war. Lord Sheffield reported him well, and socially very active when he stayed with him at Downing Street and at Sheffield Place (Figure 4), despite his great corpulence and 'his habitual dislike of motion'.

In October 1793 he travelled to Bath for an enjoyable stay with his stepmother, and then to Althorp to stay with Lord Spencer.

In early November he became unwell^{3,4}:

'November 11 1793. I must at length withdraw the veil before my state of health, though the naked truth may alarm you more than a fit of the gout. Have you never observed, through my inexpressibles, a large prominence circa genitalia? It was a swelled testicle which, as it was not painful, and very little troublesome, I had strangely neglected for many years. But since my departure from Sheffield Place it has increased (most stupendously), is increasing, and ought to be diminished. Yesterday I sent for Farquhar, who is allowed to be a very skilful surgeon. After viewing and palpating, he very seriously desired to call in assistance, and examined it again to-day with Mr Cline, a surgeon, as he says, of the first eminence. They both pronounced it a hydrocele (a collection of water), which must be let out by the operation of tapping; but

from its magnitude and long neglect, they think it a most extraordinary case, and wish to have another surgeon, Dr Baillie, present. If the business goes off smoothly, I shall be delivered of a small burden (it is almost as big as a small child), and walk about in four or five days with a truss. But the medical gentlemen, who never speak quite plain, insinuate to me the possibility of an inflammation, of fever, etc. I am not appalled by the thoughts of an operation... In the meantime I crawl about with some labour, and some indecency, to Devonshire House, Lady Lucan's etc. Adieu. Varnish the business for the ladies; yet I am afraid it will be public—the advantage of being notorious. Ever Yours'.

The last two months of Gibbon's life are described in brief letters by himself, and in Lord Sheffield's observations^{3,4}, and the surgeons' final reports^{11,17}. In mid-November the swelling was tapped the first time:

'four quarts of watery fluid were discharged by that operation. Neither inflammation nor fever ensued; the tumour was diminished to near half its size... He was abroad again in a few days, but the water evidently collecting again very fast, it was agreed that a second puncture should be made a fortnight after the first.'

This second tapping relieved him of three quarts of the same transparent watery fluid on 24 November. He continued to dine out, with evident relish, with the Lord Chancellor and others, to meet the Archbishop of Canterbury, William Pitt (the younger), Lord Loughborough, Mr Burke, Mr Windham etc for another four weeks.

He finally went off his food on 23 December, while staying at Sheffield Place. Lord Sheffield advised that he should return to London 'as the weight and bulk of the tumour was causing inflammation'. The journey from Sussex on the frozen rutted roads proved a great trial.

A third tapping on 13 January produced six quarts of fluid 'similar to the first'. He expired on 16 January 1794, having consumed the wing of a chicken and three glasses of madeira the previous day.

GIBBON'S DOCTORS

Gibbon was well connected, and was correct about the eminence of his doctors: Mr (later Sir Caesar) Hawkins (1711-1786), whom he had first consulted about the swelling in 1761, was Sergeant Surgeon to both George II and George III. J W (later Sir Walter) Farquhar (1738-1819) had trained in Scotland, served as an army surgeon, and became physician to the Prince of Wales (later George IV). Henry Cline (1750-1827), a pupil of John Hunter (whose anatomy lectures Gibbon had attended in 1777),

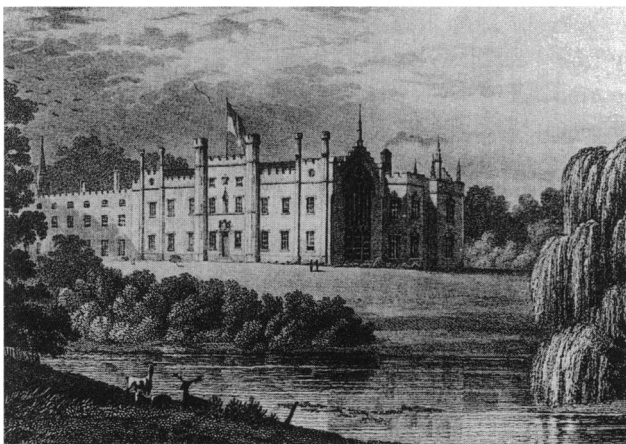


Figure 4 **Sheffield Place, Sussex.** Country seat of J B Holroyd (Lord Sheffield), Gibbon's friend and literary executor (de Beer G. *Gibbon and his World*. London: Thames & Hudson, 1968; reproduced by permission)

was a surgeon at St Thomas' Hospital. He trained Astley Cooper—whom he was to assist in his operation on George IV¹⁸—and became President of the Royal College of Surgeons.

Matthew Baillie (1761–1823), nephew of John and William Hunter, published the first great thesis in English on morbid anatomy. Baillie has a memorial in Westminster Abbey. He would have been the obvious man for the necropsy five days after Gibbon's death, but the postmortem reports (almost identical) were written by Farquhar and Cline¹⁷.

THE NECROPSY

Lord Sheffield, in the terminal footnotes of the *Autobiography*³, gives a bowdlerized summary of the necropsy findings in English, as well as a longer account in Latin, and there is more in the papers of Sir Joseph Banks. There was herniation of the colon and omentum into the scrotum,

'forming a bag that hung nearly as low as the knee. Since that part had been inflamed and ulcerated Mr Gibbon could not bear a truss; and when the last six quarts of fluid were discharged, the colon and omentum descending lower, they, by their weight, drew the lower mouth of the stomach downwards to the os pubis, and this was probably the immediate cause of his death.'

This hypothesis of fatal gastro-ptosis, told presumably to Lord Sheffield by the attending surgeons, does not feature in the Latin footnote in the *Autobiography*, nor in the fuller postmortem reports by Farquhar and Cline to Banks in the Royal Society archives^{11,17}. All accounts agree that there was an adherent herniated mass of colon and omentum 'with signs of high inflammation and gangrenous spots' in the upper part of the swelling, and a slack bag containing one quart of blood-stained serous fluid in the lower part; also that there were changes in the surface of the liver.

The extensive Banks Royal Society data^{11,17} seem to owe their existence to the personality of Sir Joseph Banks (1743–1820). An organizer rather than a great scientist, Banks held a record-breaking presidency of the Royal Society from 1778 till his death in 1820. Gibbon had been elected FRS in 1788, and belonged, like his friend Lord Sheffield, to the President's dining club. Sheffield, Farquhar and Cline were all urged by Banks to provide him with information about Gibbon's illness and necropsy. They eventually obliged Sir Joseph at the end of April 1794. Mr Farquhar's clinical history described

information could not be ascertained. The Penis was lost in the lump, and had been so for many years, and the place from which the urine issued was pushed over to the right side . . .'

After the second tapping

'the truss was now again resorted to, with every contrivance to support the weight, and make it comfortable but that was not possible as from the excoriation of the urine wetting the bag every time water was made the parts were rendered tender and sore, and at last inflammation and ulcerations were produced upon many parts of the tumour . . .'

The third tumour-tapping under these circumstances was bound to spread the infection.

The necropsy reports do not mention appearances of generalized peritonitis, nor peritoneal effusion, nor continuity of the large sac at the bottom of the tumour with the peritoneal cavity—despite de Beer's assertion of such continuity¹². There is no mention of icterus.

DIFFERENTIAL DIAGNOSIS

One sympathizes with the pre-Listerian surgeons, whose 'minor' interventions were liable to turn out lethal; and the clinical differentiation of the various scrotal swellings still needs to be taught to students. It is noteworthy in this context that none other than Matthew Baillie¹⁹ advocated transillumination 'with a candle' in the diagnosis of thin-walled hydroceles. The introduction of the electric torch for this purpose must have been welcomed by operators and by patients.

Retrospective diagnosis, even in so well documented a case, is inevitably moot. However, there can be no doubt from the length of the history that the original swelling (*aet* 24) was benign, i.e. a hernia or a hydrocele, or both together. There certainly was a gigantic hernia at the end. The problem lies in the vast accumulation of fluid in the lower cavity in the terminal three or four months. Horrocks (1901)²⁰ and MacLaurin (1920)²¹ have opted for an enormous hydrocele, with terminal peritonitis, or liver abscesses. de Beer^{11,12}, I believe correctly, postulated a 'pointing' of a peritoneal effusion into the scrotal hernial sac; the see-saw relationship with the leg oedema noted by Lord Sheffield would be in favour. de Beer¹¹, after consultation with Sir Harold Himsworth, blamed it on alcoholic cirrhosis of the liver, caused by Gibbon's partiality to madeira—there had been this description of 'a great number of small tubercles' on the liver surface at necropsy. de Beer incidentally credits Baillie with the first account of alcoholic cirrhosis in English, decades before Laennec.

I find it hard to reconcile de Beer's confident assertion of cirrhosis as a cause of ascites with pleasurable dining out till three weeks before the end, or, indeed, with the other

'... a large tumour in his left groin, or rather it should be said that the whole Scrotum was full of an amazing mass, the contents of which from the most accurate

causes of ascites—peritoneal tumour spread, tuberculous peritonitis—which would also have been obvious at necropsy. Perhaps right ventricular failure is least improbable under this heading.

Lastly, there is Gibbon's own suspicion of *lues venerea* (discovered by de Beer¹² in the correspondence of his Lausanne friends)—not an unreasonable fear in a layman who has lived with a 'testicular' swelling for more than 30 years, and which came on during his idle militia service in the Seven Years War. While de Beer makes much of Gibbon's failure to record symptoms of venereal infection in his diaries, Gibbon the regimental officer did note his worry about the common incapacity from 'the claps' among his men in Devizes in 1762⁵. In his report of the Lausanne correspondence in the year of Gibbon's death, about Gibbon's earlier venereal disease exposure, de Beer¹², in an excess of psycho-biography, suggests that a virginal Gibbon had made it all up, as part of his peculiar personality, along with his penchant for lascivious footnotes in the *Decline and Fall of the Roman Empire*.

Farquhar, Cline and Baillie cannot really be faulted for what they did in 1793 and 1794. It was not euthanasia, but they provided temporary relief from a horrible and increasing incapacity, untreatable at the time.

Acknowledgments I am obliged to Professor Harold Ellis for advice in surgical aspects of this paper; and to Iain Milne, Librarian of the Royal College of Physicians of Edinburgh, for tracing the etching of Sir Walter Farquhar.

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